

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # <b>10/518835</b>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND		\$
10. REASON:		8 TO BE REFUNDED BY:		
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		<div style="border: 1px solid black; padding: 5px;"> Treasury Check  <input checked="" type="checkbox"/> Credit Deposit A/C #:  9    <span style="border: 1px solid black; padding: 2px 5px;">1</span><span style="border: 1px solid black; padding: 2px 5px;">4</span>--<span style="border: 1px solid black; padding: 2px 5px;">1</span><span style="border: 1px solid black; padding: 2px 5px;">2</span><span style="border: 1px solid black; padding: 2px 5px;">7</span><span style="border: 1px solid black; padding: 2px 5px;">0</span> </div>		
Overpayment				
Duplicate Payment				
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: _____		TITLE: _____		
SIGNATURE: _____		PHONE: _____		
OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*